

**Title: Monday, October 29, 2007 Community Services Committee**

Date: 07/10/29

Time: 11:36 a.m.

[Mr. Marz in the chair]

**The Chair:** Good morning, everyone. I'd like to welcome all the members and staff in attendance here this morning. The meeting agenda was posted online for printing and viewing last Tuesday. I would like to have a motion at this time to approve the agenda. Reverend Abbott moves that. Those in favour? It's carried.

I need to have a motion for the approval of the minutes. That's for October 1 and 2. Are there any issues with either of those? Weslyn Mather moves approval of both of those. Those in favour? Opposed? Carried.

Now Bill 41. I'd like to remind members that there are two key issues arising out of the amendments to the Health Professions Act proposed by Bill 41. The first key issue relates to the proposed requirement for immediate disclosure of a public health threat irrespective of governing privacy legislation. The second issue speaks to concerns raised with respect to the proposed amendments that would potentially alter the existing medical health professions' self-governance regime.

I'll have Dr. Massolin lead us through the Bill 41 focus issue document that's provided in your package, which summarizes the issues raised by the public hearings, but before I do that, maybe we'll go around and for the record introduce ourselves. I'm the chair of the committee, Richard Marz.

**Mrs. Mather:** I'm Weslyn Mather, MLA for Edmonton-Mill Woods.

**Mr. Johnston:** Good morning. Art Johnston, Calgary-Hays.

**Mr. Lougheed:** Good morning. Rob Lougheed, MLA, Strathcona.

**Mr. Backs:** Good day. Dan Backs, Edmonton-Manning.

**Dr. Pannu:** Raj Pannu, Edmonton-Strathcona.

**Ms Bennett:** Karel Bennett, health professions unit, Alberta Health and Wellness.

**Ms Perret:** Denise Perret, Alberta Health and Wellness, legal counsel.

**Ms Gray:** Holly Gray, Alberta Health and Wellness, legal counsel.

**Ms Miller:** Fern Miller, Alberta Health and Wellness.

**Rev. Abbott:** Hi there. I'm Tony Abbott, MLA for Drayton Valley-Calmar.

**Mr. Flaherty:** Jack Flaherty, MLA, St. Albert constituency.

**Dr. Massolin:** Good morning. Philip Massolin, committee research co-ordinator, Legislative Assembly Office.

**Ms Dean:** Shannon Dean, Senior Parliamentary Counsel.

**Mrs. Dacyshyn:** Corinne Dacyshyn, committee clerk.

**The Chair:** Okay. I'll turn it over to Dr. Massolin now to lead us through the focus issues. That's under tab 4 in your binders if they're set up the way mine is.

**Dr. Massolin:** Thanks very much, Mr. Chair. Just to reiterate, the key issue which we'll deal with first relates to concerns regarding the proposed requirement for immediate disclosure of the public health threat irrespective of privacy legislation. If I could ask committee members to turn to page 4 of the focus issue document that we prepared, the first issue is 2.1, public health threat.

Now, there was commentary from one submitter in connection with the wording of this section of the bill, and that was to say that the wording was unclear. However, I would like to point out that the bill does seem to provide clear definitions. For example, the definition of nuisance, which is imported directly from the Public Health Act, appears to be clearly defined. Furthermore, it should be noted that the preponderance of submitters did not indicate that they had an issue with the clarity of the wording. So I guess that the committee members may want to consider whether or not the proposed language of this section of Bill 31 is sufficiently clear and, if not, how the wording could be changed.

I'll turn the floor over to committee members.

**The Chair:** Reverend Abbott.

**Rev. Abbott:** Thank you very much. I'm just wondering. In your opinion, then, Philip, the language is clear, so you're recommending that we leave it as is?

**Dr. Massolin:** Well, I guess I'm not recommending anything. I'm just indicating that there was one submitter that had a concern that the language was unclear. But our sense in doing a bit of research is that the language appears to be clear, and that was the indication on the part of the vast majority of submitters, that the language was okay.

**Rev. Abbott:** Okay. On that note then, Mr. Chair, I don't think we need a motion to leave it as is. I think we just need to perhaps try to get consensus around the table and then move on.

**The Chair:** Yeah. If there is an issue to change, I think we could use a motion; otherwise, we'll just have a vote at the end. Or what do you propose? Do you want to vote on each item as we go through it?

**Ms Dean:** It's up to the committee.

**The Chair:** Would you like to just have general agreement? Everybody in favour of 2.1?

**Hon. Members:** Yeah.

**The Chair:** Any opposition? That's carried.

**Ms Dean:** If I may clarify, just to follow up on Reverend Abbot's comments. The recommendation from the committee is to leave the bill as it is with respect to that provision?

**The Chair:** Yes.

**Ms Dean:** Thank you.

**The Chair:** Carry on, Dr. Massolin.

**Dr. Massolin:** Thank you. The next major consideration falls under 2.2 on the same page 4. Just by way of an introduction, we had a very large number of submissions on the issue of self-governance

and what happens to health professions colleges in terms of self-governance and the perceived erosion of their self-governing powers. So this next section deals with that crucial issue of self-governance and whether or not it's being eroded due to the proposed changes in Bill 41.

Now, in terms of a cross-jurisdictional comparison exact parallels to this part of the bill were difficult to find in other jurisdictions. After undertaking, I emphasize, a limited examination of like sections from other jurisdictions' legislation, however, we found that Ontario legislation, specifically section 5.1 of the regulated health act, contains similar broad powers, as was pointed out by the minister at our last meeting. B.C.'s legislation, however, can be categorized as a less intrusive model than either Ontario's or Bill 41, and the reason for that is that there are limits put in place on directives issued by cabinet. Firstly, an inquiry must take place before a directive can be issued. Secondly, there are categories or subject matters to which the directives cannot apply. An example of that is academic standards and qualifications.

With that sort of general introduction and just a taste of what other legislation does, I'd like to turn committee members' attention to page 5. The first issue has to do with the minister's direction. As you can see there in the left-hand column,

submitters caution that the proposed wording [of Bill 41] would permit the Minister to impose direction on the medical profession without the oversight by the Legislative Assembly and without the benefit of input from the medical profession.

Section 135.1 empowers the minister, where the colleges did this beforehand, to issue directives on a number of matters, including, first of all, requiring a council to adopt a code of ethics; secondly, adopt standards of practice or changes thereto; thirdly, make bylaws or regulations; and fourthly, carry out duties of a council under the Health Professions Act. Committee members may wish to consider requesting information from the ministry on the reasoning behind this proposed amendment and minister's direction.

I'll pass it back to you, Mr. Chair.

11:45

**The Chair:** Are there any opinions to be offered on this particular one?

**Dr. Pannu:** Mr. Chairman, I think the submitter's observations on that particular section and why they don't want to see it in the legislation I found persuasive. I had a brief chat with the minister after his appearance before us last week. He was very kind to have come before the committee and to share his concerns with us. In my conversation with him I kind of sensed that he said that this section is not meant to be used for well-established professions who have already had considerable experience in self-regulation and self-governance. Rather, this provision will be used, if at all, only for new professions which at a given time may not have developed enough capacity for self-governance.

When I heard that the minister, in fact, had reservations about the general applicability of this section to all professions, I made a suggestion to him that it would seem reasonable that new professions establishing themselves have small numbers and therefore may not have either the experience or the institutional capacity to self-govern and that in that case the minister's ability to step in would be seen as helpful rather than an invasion or intrusion into the principle of self-governance.

I said, you know, that if the minister would attach to the bill a schedule which refers to particular emerging professions, the small groups, who would be subject to this, that will do two things. It'll give more specificity to the legislation and assure, at the same time,

established professions that this particular section is not designed to apply to professions who have already practised self-governance and demonstrated that they have the capacity and discharged the responsibility appropriately over the years.

I wonder: what's the reaction? Is there any response from the department on this? The minister was accompanied by I don't know whether a deputy minister at the time. There was another gentleman there, and he certainly seemed to be saying that they will consider this suggestion, so I'd like to hear from the department if there was any consideration given to that suggestion.

**Ms Perret:** Mr. Chair, if I can respond to that.

**The Chair:** Please proceed.

**Ms Perret:** Dr. Pannu is quite correct that the provision for the appointment of an administrator is primarily focused on being able to bring smaller professions or emerging professions under the Health Professions Act. It was looked at initially because we have a number of professions still under the Health Disciplines Act that should come under the Health Professions Act, and it's recognizing that one size doesn't necessarily fit all. It's designed with that primary purpose in mind.

It's stated a bit more broadly than that because it recognizes that there may be issues that emerge from time to time where assistance may be required, so it includes that at the request of a college it could come in. That may be a consideration: that if there was just a schedule of the colleges, as has been suggested, that this would apply to or the professions that this might apply to, that would be restrictive, so if an issue emerged where a college requested assistance, if they weren't on the list, the minister may not be able to respond with administrator assistance.

I'd also point out that it's worded in a flexible way so that the administrator that may be appointed may only do some functions. I think that what comes to mind is the function of registrar. Some of the smaller colleges may require assistance with the registrar function. Other colleges may require assistance with hearing complaints, professional disciplinary matters. That's the focus.

Could it be used more intrusively? I think that may be the concern that's being raised. There hasn't been a specific issue identified on that front, but I would note that under the Health Professions Act there are certain requirements of colleges; for example, a competency program has to be put in place within five years of a college coming under the HPA. It's possible – and I'm speculating here – that if such a program wasn't in place in five years, that might be an area where the minister could respond and say, "That needs to be in place. We need to have competency programs" and put in an administrative function to assist the college in getting that up and running.

**Dr. Pannu:** Mr. Chairman, I find that the legislation, that particular provision, continues to concern me, and I think I share that concern with everyone almost without exception who appeared before us representing their own particular professions to object to this particular provision. Having heard the department's explanation, I still remain persuaded by the presentations made to us. So I'm willing to move that this particular section be struck unless we can make an amendment which limits the use of this to new, emerging, small professions, and a list should be required for that purpose.

**The Chair:** I have a speakers list here. Did you want to make that amendment before you hear from these other speakers, or are you proposing something right now?

**Dr. Pannu:** I leave it to your discretion, Mr. Chairman. I have proposed the amendment, but I'm willing to not put it on the table until others have an opportunity to speak.

**The Chair:** Okay. Then I'll go to – was your point on this point? – Reverend Abbott.

**Rev. Abbott:** Thanks, Mr. Chairman. I would speak against the motion or the notion of the motion because I feel that this 2.2, self-regulation of health professions, is important to keep as it is written here, the reason being because I also talked to the minister about this and asked him about what the true meaning behind this was. He said: well, to be honest with you, the buck stops with the government. We are the ones that ultimately, if there is a problem or an issue that arises, need to be able to have the tools to step in on the very, very rare occasion that we may need to do that to deal with a given issue.

So, Mr. Chair, I would propose that we leave it as is. I think there has been some good work done here. There has been a lot of thought put into it. While some of the health professions do feel that this is maybe infringing on some of their boundaries, I think it's the government's responsibility to have this emergency clause as part of the act.

**Mr. Backs:** In speaking to this particular provision, I echo the concerns of Dr. Pannu. The minister – and it was very good to have him here the other day – mentioned that the desire was to deal with smaller or newer professions with fewer resources that perhaps could use some direction. But in speaking to a number of the professional bodies and in hearing them here, they were very concerned that as it's worded in the three-column document, the currently proposed wording is too broad and subject to caprice. I think that that really does reflect the feeling that I have seen from many of these organizations.

One in particular that phoned me directly was the chiropractors, a long-established profession in the province, who were very, very concerned that just the minister, even under the old wording, could have the power to disband them at the stroke of a pen. The nature of a democracy and the ability of a government in a democracy that's multileveled, multifaceted – it has self-governing professions and all the rest of it to ensure that it maintains a degree of support among much of its people and all the rest of it – is often determined by the degree to which it does give powers to its represented bodies like the professions.

I think it's important that we do not make this have too broad a brush. I just would like to ask the ministry about the reasoning about having such a broad brush and if there could be something that might perhaps not direct this degree of regulation at the longer, more established professions or something that would restrict it to the smaller ones or newer ones, as the minister had said that the real intent of this is for.

11:55

**Ms Perret:** Mr. Chair, in response to that question – and again we're talking about the administrator provision in the bill – what the minister indicated when he was here the other day is that self-governance is very much respected and the intent is to preserve it. As the section points out, this provision is put in to support colleges, not to undermine them, not to take over from them but to provide support. The minister also indicated that in the governance of a health care system there are shared responsibilities, and there needs to be a partnership, if you like, of various players in the system so that no one college or no one profession or no one employer has the

primary role to play, that it's more co-ordinated and more collaborative. This is a provision that tries to build on that collaboration by being able to be responsive on a support level.

I believe he said that these types of provisions are last-resort provisions, that certainly for matters that come forward, there would be every effort made to try to work them out, but it's a tool so that the government can carry out its fundamental role of providing assurance to the public. We've certainly seen in recent events in East Central that the public does look to the minister for a response to these matters. It's to provide tools that enable the ministry to play a role as well as the colleges.

**Mrs. Mather:** Thank you for that explanation. I still feel, though, that the wording is so broad that it's not telling us what you've just said. I think that it's possible to have some more clarity here but at the same time not prevent the tools to step in when there's an emergent situation that says that we need to. The explanation that it's not meant for long-standing professions but for new, small professions who do not have the resources for self-governance isn't in here. It's not clear. I understand the intent of realizing that not one size fits all, but I think that although there may be situations from time to time where this would have to be enacted upon, the way it's written right now does not specify that the intent actually is to support professions and to help them in a collaborative and responsive way. It's not clear that that's the intention.

**Mr. Lougheed:** I can't support the motion. I believe that we should leave the minister to be somewhat with the ability – and we don't know what the circumstances might be – to enable him to act if need be. I think that we should leave it the way it is.

**The Chair:** Mr. Flaherty.

**Mr. Flaherty:** Mr. Chair, thank you. I'm struggling with the issue, quite frankly. From what I'm able to grasp from this, it gives the minister a lot of unilateral power to make a decision. We're saying that professions have excellence. They have standards that they abide by. I was wondering if someone here in the department of health could give me – and maybe this is unfair. I'm trying to clarify and am struggling with it, so maybe you could help a blind man by leading me. Could you give me an example or two examples of how the minister, following the act the way it was, would handle the situation and how he would do it with this present legislation, this present amendment, so that maybe I could understand more clearly how it would work? I would appreciate that for my own self-learning if that's the case.

**Ms Perret:** Mr. Chair, under the Health Professions Act as it's currently structured, there's no role for the minister to provide support to the colleges, as is being discussed here, at all. As we've said, the clearest indication that there needs to be some provision is with respect to smaller colleges or emerging colleges. The policy intent would come under the HPA at some point.

What has happened in the past is that there's the Health Disciplines Act that does provide a high level of support for these types of colleges. Again, that is in place, but the policy decision is to move all professions under one piece of legislation so that there's clarity for the public, too, as to how professions are expected to operate. Currently there's no provision in the Health Professions Act to provide that kind of support.

**The Chair:** Mr. Johnston, then Dr. Pannu.

**Mr. Johnston:** Thank you, Mr. Chair. I had 2.2 highlighted, the general comments. I was struggling at that time, but with the explanations and the information I've received here this morning, I'm not, and I'm against the amendment.

**Dr. Pannu:** Mr. Chairman, I appreciate the department staff helping us to understand the considerations that seem to have driven the drafting of the bill. The word "support" is used by department representatives, support for professions. The difficulty that I find as a member of this committee is how the professions themselves see this act. They do not see it as supportive. They, in fact, see the potential for doing harm to their ability to self-regulate.

There's a very clear gulf between the understanding that the department seems to have as to the objectives of this bill and the purposes of the bill and the carefully considered and studied response of professions to the potential impact of the bill. We need to be convinced that there is indeed a need to concentrate in the hands of the minister these powers that will be given to him. Given the fact that self-regulation, self-government as a principle has been in practice in this province for many years, we need to be convinced that somehow that has created difficulties for the delivery of health services, for the development of policy in this province. I have not been informed of any serious difficulties that heretofore have occurred to which this particular provision of the bill is a response. There isn't a persuasive argument that I can see, and the support that the department is so anxious to provide is seen just as its opposite by the professions themselves.

The issue of shared responsibility. Yes, the government is responsible for the delivery of health care and the development of policies. We know that. But, again, this is a responsibility that comes with accountability, and the Legislature is part of the government – well, it is – at a certain stage. If the minister comes to the conclusion that the department has evidence to show that self-regulation is not working, that self-governance, in fact, is creating serious hurdles, then the minister certainly has the opportunity at any time at his own volition to come to the Legislature to see changes made. At this moment, in the absence of any evidence that this sort of drastic rearrangement, reshuffling of powers is needed, I'm not willing to support the bill and hence the motion. I'll seek your permission and signal when to put the motion on the table.

12:05

**The Chair:** Thank you.

I have no other on the table, but I was going to ask a question myself, and then I have Reverend Abbott. To Dr. Massolin: if I understand what you said, the wording of this proposal is similar to Ontario's. Have there been any instances in Ontario where the legislation had to be used, and could you share that with us? The same for British Columbia: have there been instances where it had to be used in British Columbia, and how did that work out there?

**Dr. Massolin:** I'm sorry, Mr. Chair. We didn't look at the bill for its effect. Instead, we just looked at sort of comparative sections of the various legislation.

**The Chair:** Okay. So you don't have any background about Ontario's usage of it?

**Dr. Massolin:** Well, of the application, no. We didn't study the application of the legislation, just the sections and how they're written and the comparability.

**The Chair:** Okay.

Dr. Abbott.

**Rev. Abbott:** Thanks, Mr. Chair. I haven't quite finished my doctorate degree yet.

**The Chair:** Reverend Abbott.

**Rev. Abbott:** Okay.

Anyhow, I understand what Dr. Pannu is saying, but I think that when we walked through this and when we heard from the minister, what I gained from that is that this is a check and a balance, and it's important to have checks and balances when you have a self-regulating group. Again, they're experts, they do a great job, and I have full faith in their ability, but there still needs to be a check and a balance. That, to me, is crucial. I think that's what this bill is providing. It's, again, as I talked about earlier, an emergency situation where, you know, perhaps for whatever reason the experts have missed something or the self-regulating profession has not taken action for, again, whatever reasons. Perhaps they missed something. I think it's important for the minister and the department to have this authority to provide that check and balance with their experts, perhaps from outside the province, et cetera, that can come in and assess a certain situation. I think that for a matter of public safety and the concern for the well-being of all Albertans we have to go ahead with this as it is.

**Mr. Backs:** You know, with respect to Reverend Abbott, I disagree. You know, some of the provisions in 135 go far beyond an emergency situation in that it empowers the minister, if he or she so sees that it is in the public interest to do so, to direct a council to adopt a code of ethics or standards of practice. Those are not things that are dealt with in terms of emergency situations. Those are the ways that those professions operate on a year in/year out, decade in/decade out basis, where those people swear to these things when they become a member of that profession and all the rest of it. To try and force that upon them by the whim of a minister I think is – and they do change from time to time. Governments do change sometimes.

**Mr. Flaherty:** Hopefully.

**Mr. Backs:** I'm very independent.

But it is important to I think take that into account, that this wide-sweeping power that's being given to the minister under this goes way beyond the needs of an emergency situation. Maybe we should have some amendment that recognizes that this is for the purposes of an emergency situation, that it does not direct the professions in these areas to deal with their whole central codes of ethics, that it would not be dealt with by a minister. I think that that's important. I may be presenting other amendments to that effect after the amendments are put forward by Dr. Pannu.

**Mrs. Mather:** I just want to reinforce what Reverend Abbott was saying, that we need to have checks and balances. This is crucial, and I think we all have that understanding. I believe that that's the intent of this legislation. I don't have problems with the minister saying that a certain council needs a code of ethics because certainly they should have a code of ethics, and I would be surprised that any profession wouldn't have one, so that doesn't bother me. My concern here is in the clarity. I think we're not saying that the intention here is truly for support and co-operation and for the minister to be responsive to helping with the collaborative approach. I don't have trouble with the specifics here in terms of the minister's direction, but again I just want to say that I don't think we are clearly saying what you're intending.

**The Chair:** Anyone else?

We don't have a motion on the floor at this particular time. Dr. Pannu, you wanted to propose . . .

**Dr. Pannu:** Mr. Chairman, in the absence of specific advice from our Parliamentary Counsel source, I want to ask if they have any advice on how to fix this problem, on the intention of the motion.

**The Chair:** Go ahead, Shannon.

**Ms Dean:** I would suggest that there are two possible motions, two different motions to consider, not one. The first motion would be that this provision in the bill be struck. The second motion would be that this provision in the bill be amended to restrict its application with respect to certain emerging professions, which is what I understand some of the discussion was.

**Dr. Pannu:** Thank you very much. That's exactly the kind of help that I thought I needed, Mr. Chairman.

My first motion is certainly  
to strike section 135.1 from the bill in its present form.

**The Chair:** We have a motion on the floor to strike this section of the bill. Any discussion on that? Seeing none, those in favour of the motion? Those opposed? I'll take the count again.

**Mr. Flaherty:** On the amendment or the motion?

**The Chair:** On the motion to strike it. Those in favour of the motion to strike it? Those opposed? That motion is lost.

Are there any other motions to come forward here?

**Dr. Pannu:** Mr. Chairman, yes. I would like to move that the language of section 135.1 be so amended as to address the concerns expressed unanimously by the representative professions that came before the committee.

**The Chair:** Okay. Any discussion on that motion? Those in favour of the motion? Those opposed? The motion is carried.

Okay. If we can move back to you, Dr. Massolin, to continue.

**Mr. Backs:** I have a couple of other amendments, Mr. Chairman.

**The Chair:** Oh. I'm sorry, Mr. Backs.

**Mr. Backs:** One, just after a question to Parliamentary Counsel, if an administrator is appointed, is there any implication or a specific thing in the legislation which would restrict them to a term? Would that be only for a specific term, or could that be forever?

12:15

**Ms Dean:** I would ask that that question be directed to the department officials.

**Ms Perret:** Mr. Chair, what the bill provides for is that the appointment of the administrator would be for a term set out in the order appointing the administrator.

**Mr. Backs:** Mr. Chair, I'd move an amendment saying that the term not be so open ended but that the term be restricted to a period of one year.

**The Chair:** One year?

**Mr. Backs:** Yes.

**The Chair:** Okay. Any discussion on that?

**Rev. Abbott:** I'm just wondering what the department's thought is with regard to a good length of term if we were to put a time limit on it.

**Ms Perret:** Mr. Chair, we don't have instructions on that. We could certainly bring that forward. I think that some of the considerations would be whether or not there would be a renewal period possible. There are some small colleges that won't necessarily not be small in one year, so if you were providing support such as registrar support or support for disciplinary committees, the need for that support may not end on that time frame. You would be looking for some flexibility, I would think. As I said, I don't have instructions at this point. We'd have to discuss that.

**The Chair:** Okay. Any other discussion?

**Mr. Backs:** Could I defer that to a future meeting, then?

**The Chair:** Of this committee?

**Mr. Backs:** Yes.

**The Chair:** We don't have a lot of future meetings.

**Dr. Pannu:** Mr. Chairman, speaking to the motion, I think there seems to be no term limit to the administrator once appointed. I think that's a very important issue. There's no indication how long this administrator will hold sway, how long they'll stay in that position.

Again, the provisions of the bill seem to be far too broad to deserve to have the support of this committee. I think we need to tighten the requirement, and that's, I think, what this motion is an attempt to do. The issue is whether it should be one year or as soon as the particular problem that the administrator is supposed to address is addressed. That should be the point at which the term of the administrator should automatically end. That is the issue.

If the department is willing to give us some advice – we have the possibility to have one more meeting. This is an important bill. We needn't rush through all the business today if there are good reasons to wait until the next meeting. I'll be happy to wait and receive the input of the department on it before we vote on this. If the department is not in a position to provide us its input according to the timelines that we have before us, then I think I would like to go ahead and vote on the motion, and I will vote in support of it.

**The Chair:** Our next meeting is Wednesday afternoon. Would that be enough time to bring it back?

**Ms Perret:** We can see what can be done in that time frame. I'm not sure about the availability.

**The Chair:** Okay. Would it be satisfactory to defer it to Wednesday's meeting?

**Mr. Backs:** It would be satisfactory.

**Dr. Pannu:** So we can table the motion, Mr. Chairman, until Wednesday?

**The Chair:** Sure. Dr. Pannu moves that this be tabled till Wednesday. Those in favour? Opposed? It's carried.

**Mr. Backs:** A second matter, Mr. Chair.

**The Chair:** Okay. Go ahead, Mr. Backs.

**Mr. Backs:** On the accountability of the administrator on matters of codes of ethics of the professional body I'll just ask the ministry: what sense will there be in terms of the consultation that that administrator might have with the professional body, understanding that there might be bigger ones as well as smaller ones? The powers are there in that legislation, for example, for an administrator to be put in place for the AMA or whatever. Is there a sense that that administrator would be accountable on things such as the code of ethics of the members of the college?

**Ms Perret:** Mr. Chair, a point of clarification before I answer because I know that part of the other vote referenced 135.1, but the administrator provision is 135.2. There's a bit of difference between those sections because the administrator doesn't address the issues about amending codes of ethics or bylaws or whatever. That's part of the minister's direction. The administrator deals with managing some aspects of the college's functions in support of the college, as I've said, such as the registrar function or some of the hearing committees.

**Mr. Backs:** Would the changes be in before that administrator would be put in, or would the administrator be in and look at changes and consult with the college as to the changes that might be contemplated by the ministry?

**Ms Perret:** They're not necessarily related sections at all. The provision in 135.1, as the minister explained to the committee, is put in place so that the minister can carry out his or her duty of assurance to the public, and that recognizes that in health care it's a multidisciplinary environment – no one college deals with all of the issues; no one employer deals with all of the issues – that it's the responsibility of professionals, of colleges, of regional health authorities, other employers, and the minister.

Right now there is no authority in the HPA for the minister to act to give a direction or to take any action. In 135.1, that is very similar to Ontario's legislation, it gives the minister authority to put in place a directive that might apply to a standard of practice. The example that comes to mind on that front – and the minister has reported this – is on the survey of infection prevention and control practices in the province. That survey – and he spoke to you about this – indicated a wide variation in practices among the professions.

If we're talking about patient safety and a co-ordinated response and a quality standard, the minister is looking there to put in place perhaps an infection prevention and control standard that would apply to all professions. That's not necessarily intrusive. Sometimes that just simply clarifies the rules of the game.

You have a submission on the health professions regulation/act that the RHA as a committee put on that talks about some of the problems that come into play when different professions bring different interpretations of parts of the act into the workplace and how difficult it is sometimes to sort those out. So partly it addresses that issue.

As well, on codes of ethics I don't think the minister was implying that there is a deficit there, but we have seen and we're talking about the Health Professions Act, the primary purpose of which is to ensure that there's a common umbrella framework for professions

to operate under and that professions work to their full scopes of practice. That's very challenging. We've seen a number of professions now that are able to prescribe and dispense. Other professions have looked at that and said: that raises conflict-of-interest issues. We've heard some commentary about that. The minister's ability to put in a directive on codes of ethics might address a standard that should come to play across the board, across professions, because professions have no ability to influence another profession. The minister could put that in place for, say, a code of ethics on a prescribing/dispensing situation. That's the intent behind section 135.1.

Section 135.2 is to assist colleges that need assistance by putting in an administrator that could do more or less. I think the comments quite correctly recognize that it's a broad provision on that front though, to get into it, there is a test, meaning that you only come in with the administrator at the request of a college or if it's required by a college. Maybe the word "required" hasn't been quite as clear as to indicating collaboration and assistance and in support and then, thirdly, in the public interest.

All I can point out there on the public interest test is that in section 3 of the Health Professions Act colleges have to regulate their college in the public interest. The minister is matching that up when he looks across colleges and provides that interconnectedness, that co-ordination that's part of the duty of assurance. He would be doing that in the public interest as well.

**Mr. Backs:** Just a further question, Mr. Chair.

**The Chair:** Mr. Backs, go ahead.

12:25

**Mr. Backs:** I understand that, you know, there are some broad issues at stake here, but on the broad powers that are being contemplated, why did the ministry not just look at specific areas, like infection prevention and control, that would have a beginning standard of practice that would be established across the professions as something that would be the focus of legislation? I think it is what, really, the idea was to start with rather than looking at it so broadly as to a test of "in the public interest," which is whatever can be deemed the public interest by a minister. Why not have just dealt with the infection prevention and control issue and kept it to that one?

**Ms Perret:** Mr. Chair, the policy reason behind that in part is that you don't know what you don't know, and you put in place a policy framework that in this case was intended to let the minister act to ensure – because it's part of the duty of assurance – that health professions are regulated and co-ordinated in the public interest. So it is worded broadly enough that if there's a matter in addition to infection prevention and control that might arise, the minister is able to respond and provide that assurance.

**The Chair:** Dr. Pannu, do you have a question?

**Dr. Pannu:** Mr. Chairman, I'm just looking at a document that was a news release from the Health Quality Council of Alberta. This particular news release, of course, deals with the crisis in Vegreville and the East Central health region that we are familiar with. There was a review that was ordered, I think by the minister, and the Health Quality Council did a thorough review and made some recommendations with regard to infection prevention and control. None of these recommendations to my knowledge – there are several of them here. They only mention about four or five. I guess there are many dozens of recommendations that came out of this review;

they highlight five. I assume that the ones the release highlights are the most important and critical ones. None of them call on the government or the ministers to bring in the kind of regulation or changes in legislation that are included in this bill and that are designed, in fact, to address the issues of infection prevention and control as identified in this very, very thorough review of an incident.

I wonder why this sort of disconnect between some of the recommendations, which speak specifically to the issue of infection prevention and control. They urge that their recommendations go beyond just fixing the problem in that particular region and in the St. Joseph's hospital in Vegreville, that these are system-wide changes they are requesting be made. Yet I don't see those recommendations reflected here. Instead, we have, based on all kinds of assumptions, provisions here which, in my view, are not warranted. When in fact action is needed, there's no action on those ones. An entirely different direction is taken here in 135.1 and 135.2.

Thank you.

**Mr. Loughheed:** Mr. Chair, I think that the example Dr. Pannu is working with there is a somewhat different set of circumstances and maybe, in fact, even supports the ministry's proposal that they need some flexibility because of the uncertainty, the unknowns. I would almost use Dr. Pannu's little document with different circumstances, a different facility as opposed to profession, to support the ministry's proposals. Maybe if there's a comment from the ministry.

**Rev. Abbott:** Yeah. I was just going to ask for the same thing, Mr. Chair: if the ministry could comment. I would also agree with Rob that it looks like because there are so many different things, they could be summarized through the support that this is offering.

**Ms Perret:** Mr. Chair, it's true that from a policy perspective the bill aims to be able to be responsive to emerging situations such as what happened in East Central and to be able to then co-ordinate across professions a standard of practice such as the one that's contemplated for infection prevention and control. Today there is no ability to implement that type of standard across professions. The minister has no authority to do that. It does address that issue but not specifically infection prevention and control. It's worded on a broader level to be able to apply to any quality assurance issue.

The minister also, I believe, mentioned to the committee that a lot of the work behind this bill has been ongoing since January of this year, long before we knew of any problems in East Central health, that it's a commitment to quality assurance. It's seen as the tools necessary for the minister to play the assurance role with respect to patient safety.

**Rev. Abbott:** Right on.

**Dr. Pannu:** Mr. Chairman, it's helpful that we're engaged in this discussion. This document here: true, it emerged out of a specific situation, but it does make recommendations which don't limit themselves to fixing that problem. System-wide changes are contemplated and recommended in this one.

One thing that this document focuses on but doesn't insist on is the lack of co-ordination between the standards and across the standards between different professions. It does talk about – and I want to read this into the record – the “lack of agreement on which entity”; that is, the health authority versus the hospital board, the St. Joseph's hospital. Which of these two entities? It's lack of agreement between these two entities that led to the problem.

The recommendations that are made in this have to do with

clarifying legislation that would in fact insist that Canadian standards of practice – CSA standards, I think they are called here – be made available, that there be a charting of the implementation of those standards, and that the problems that have arisen are likely to arise because of dispersed authority or lack of clarity on who has the final say.

They identify a problem. It's not that the problem in Vegreville arose because there were different standards of practice; it arose from the fact that there is no final authority to determine who has the responsibility to make sure that the existing standards are in fact incorporated in practice. That's the problem.

This doesn't really focus on that part. That's my concern. That's all I'm saying. When you come back to us, I guess on Wednesday, I think you will have addressed it.

**Ms Perret:** Mr. Chair, if I might.

**The Chair:** You may.

**Ms Perret:** This bill was in play before the report of the Health Quality Council of Alberta, and the minister in his response to the Health Quality report has indicated that he'll be bringing forward legislation that clarifies the root-cause issue identified there about confusion of roles. That is a separate piece of legislation addressing specifically issues raised by the Health Quality Council, and I believe the intention is to bring that forward in the fall session.

**The Chair:** Anyone else?

Okay. Just to review, there was a section referred to Wednesday's meeting. Is that going to interfere with the process and the progress of the report, Shannon?

**Ms Dean:** Mr. Chairman, the committee could consider the remaining issues in the focus issue document, and that one issue could remain outstanding. Depending on how the discussion goes, we could see what kind of report we can put together for Wednesday, but again it may require another meeting for approval the following week.

**The Chair:** Do you want to refer the whole of 135.2 to Wednesday? Is that the intent? Any comments? Or do you want to deal with it today?

12:35

**Rev. Abbott:** Mr. Chair, I think we've had a good discussion, and I'm prepared to vote on this now, again, you know, under the assumption that we work with it as is on the paper here.

**The Chair:** Are you making a motion to that effect?

**Rev. Abbott:** I don't know that we need one. What are we looking for here? Are we dealing with the whole package now?

**The Chair:** No, just 135.2 because 135.1 has been referred to Wednesday. So this will be 135.2.

**Rev. Abbott:** Okay. Sorry. I guess my thought is that we would take 135.2 as is.

**The Chair:** As is. Okay. Discussion?

**Dr. Pannu:** On a procedural point of order, I guess I would assume. We had a motion that we voted on, a motion that was tabled, which is to be brought back on Wednesday.

**The Chair:** Section 135.1.

**Dr. Pannu:** No. I believe it's 135.2, the administrator, so we already have as a committee agreed to return to 135.2, and part of it is the appointment of the administrator, is it not? Mr. Back's motion.

**The Chair:** Is it 135.2 or 135.1 that was referred?

**Dr. Pannu:** Section 135.2.

**The Chair:** That's already been done. So that's referred to Wednesday.

**Rev. Abbott:** So we're just going to deal with it on Wednesday, then? Oh, that's fine.

**The Chair:** Dr. Massolin, do you want to proceed, then, with the rest of the package? Before we do that, we're going to take a seven-minute break.

[The committee adjourned from 12:37 p.m. to 12:45 p.m.]

**The Chair:** If we could reconvene, I'll turn it back to Dr. Massolin. We're at 135.1 on page 6.

**Dr. Massolin:** Thank you, Mr. Chair. Actually, we're on page 6, 135.3, variation by the Lieutenant Governor in Council. Just to point out to committee members that, as you will recall, a number of submitters suggested that the cabinet power to make bylaws and prescribe codes of ethics and practice standards for health councils is too broad. A number of them said that. Submitters also proposed, therefore, the removal of this proposed amendment, 135.3. What this provision means is that the Lieutenant Governor in Council would be given powers through an amendment of a provision of the legislation which applies to a specific college, its councils, et cetera. Committee members may wish to consider whether it's desirable to delegate the power to vary the application of a provision of the HPA pertaining to a college to the Lieutenant Governor in Council in light of the fact that this amendment would not be subject to the scrutiny of the Legislative Assembly.

I'll turn it over to you, Mr. Chair.

**The Chair:** Okay.

**Dr. Pannu:** Mr. Chairman, again consistent with my concerns, I am concerned that the bill provides for the Lieutenant Governor in Council to override the piece of legislation that has had the scrutiny and the approval of the Legislature before it became law; the Health Professions Act, that is. From my reading of the bill I didn't see any obligation on the part of the minister or the Lieutenant Governor in Council to take that action but then refer the whole matter back to the Legislature for approval. If under the emergency conditions of the HPA provisions are to be amended and changed through the Lieutenant Governor in Council but then the minister is obliged to take the matter back to the Legislature for full debate, discussion, and approval, I could probably live with it. But there's no such provision here which obligates the minister to take whatever changes he made back to the Legislature for its approval.

The Legislature is the final authority for passing legislation. Therefore, whenever it's overridden by order in council, or by the Lieutenant Governor in Council, I think it's important that the Legislature be brought back into the picture for ratification, or

approval, of the whole matter. That provision is not there. Therefore, I think that this section should be struck from the legislation. I'll be happy to make that motion when appropriate, when you suggest it's timely for me to do that.

**The Chair:** Okay. Anyone else on this point, on 135.3?

**Mr. Lougheed:** Maybe some comment from the ministry. You know, maybe this isn't a fair question, but I'll ask it anyway. I'm wondering whether they feel that 135.3 is more important. Would they rather lose 135.1 and keep 135.3?

**Ms Perret:** Mr. Chair, section 135.1 is the fundamental section that allows the minister to carry out the duty of assurance. It's where the minister has a role, as I've said before, in that co-ordination of standards of practice across professions in dealing with multidisciplinary workplaces. So it's the fundamental aspect of assurance. If that's gone, then the ability of the minister to direct something like a common standard of practice for IPC is gone, quite simply.

What section 135.3 relates to – it's a supporting provision to the section 135.2 provision, which supports the colleges when they need support. We've talked about that primarily in relation to small and emerging colleges. It's based on a provision that already exists in the Regional Health Authorities Act and which we've used when we set up provincial health boards. We have two provincial health boards, the Mental Health Board and the Health Quality Council of Alberta. We've used the variation power in the regulations that set up those two boards to vary provisions of the Regional Health Authorities Act because they quite practically just don't apply to a board that doesn't deliver health services.

That's what this is in regard to, that if you have a small college that comes under the Health Professions Act and there needs to be a variation in the act to accommodate the unique features of that college, the Lieutenant Governor in Council would be able to make that variation so that it fits. Again, what it recognizes primarily is that one size doesn't fit all and that you have to have a certain degree of flexibility when you're bringing 28 and possibly more colleges under one umbrella piece of legislation.

I've kind of gone over two issues. Section 135.1 is the fundamental, overall minister's duty of assurance provision. Section 135.3 supports the second provision in the bill, which relates in part to small and emerging colleges.

**Mrs. Mather:** I think, then, that my comments would be similar to what they were for 135.1, that again the intention seems fine, but it's not stated. The clarity isn't there. I also agree that it's really important that the Legislature be involved with the process to scrutinize what's happening and to approve or not approve, and this would remove that possibility.

**The Chair:** Mr. Backs.

**Mr. Backs:** Yes. I've got to state for the record that it's been said time and again that the intent is to primarily deal with issues regarding small and emerging colleges, yet the broad brush is much greater than that. It must be, I think, for the record put down that that intent has been repeated time and again, that small and emerging colleges is the main reason for this.

The necessity to restrict that broad brush at least by ratification by the Legislature after the minister has taken such a serious move I think is reasonable. Is there any difficulty in terms of other jurisdictions or the experience of the ministry in seeing that sort of restric-



tion or at least qualifier come forward, that it would be debated in the Legislature at the next session after the imposition of such authority?

**Ms Perret:** Two points. In response to the immediate question, that isn't part of the bill. Certainly, that's a recommendation that could come forward for consideration. I don't have instructions on that, but that could be considered.

I also wonder, Mr. Chair, if I could clarify just an earlier point so that my comments are clear. The primary purpose behind sections 135.2, the support provision, and 135.3 is the small and emerging colleges. That was a primary consideration, but that certainly wasn't the primary consideration behind 135.1. In 135.1 the primary consideration is quality assurance across the board.

I just wanted to clarify that.

12:55

**The Chair:** Okay.

**Dr. Pannu:** Are you ready to entertain a motion, Mr. Chairman?

**The Chair:** I don't have anybody else on the list, so if you're prepared to make a motion . . .

**Dr. Pannu:** I think that guided by the kind of advice we got from Parliamentary Counsel earlier, I would like to make two motions. The first one would be to rescind 135.3 and then replace it with something else. So my first motion, Mr. Chairman, would be to rescind 135.3 in its present form.

**The Chair:** Strike it?

**Dr. Pannu:** Yeah.

**The Chair:** You've all heard the motion. Is there any discussion on the motion? Those in favour of the motion? Those opposed? That motion is lost.

You would like to make another motion?

**Dr. Pannu:** To amend section 135.3, Mr. Chairman. I move that section 135.3 be amended by adding a statement that would require the minister to bring the changes to the provisions of the HPA that he'll exercise back to the Legislature for debate and ratification.

**The Chair:** Okay. Any discussion on that motion?

**Mr. Backs:** I wondered if the mover would allow for a friendly amendment, being the next session of the Legislature.

**Dr. Pannu:** I so do, Mr. Chairman.

**The Chair:** Okay. Did you want to move an amendment, or did you just want to have Dr. Pannu include that in his motion?

**Dr. Pannu:** Just a friendly amendment.

**The Chair:** Okay. Did everybody understand the motion?

**An Hon. Member:** Just repeat it, please.

**The Chair:** Could you repeat your motion, then, Dr. Pannu?

**Dr. Pannu:** As best as I can, Mr. Chairman. That section 135.3 be amended by

including a statement which would require the minister to come back to the Legislature with the changes that he may have made to the HPA by virtue of this provision to seek the Legislature's approval of those changes and that it be done at the very next session of the Legislature following the changes made by the minister to the HPA.

**The Chair:** Just to be clear, would that be seeking approval after the action was taken, or would it be coming back to the Legislature to report what he has done?

**Dr. Pannu:** No. To seek the approval because that would be a temporary provision that the minister has made. The Legislature must play its full democratic role in debating and then putting its sign of approval on the action taken. Otherwise, Mr. Chairman, any piece of legislation approved by the government is at risk of being overwritten at the whim of the executive, and that's not what Legislatures are about.

**The Chair:** Okay. Any other questions? Are you ready for the vote?

**Mr. Shariff:** Mr. Chairman, I can understand what the hon. member Dr. Pannu is proposing, but if you were to follow that kind of logic, we'd be spending endless time in the Legislature debating every single subject matter. I think there has to be a level of confidence in the department and the minister in what they're doing in the interest of Albertans. I have no problem if the minister were asked to table those changes in the Assembly for our information. Then we could use the question period to challenge the minister as to why that was done. We could bring forward an amendment to the act, should we so choose. But at this time I'm just concerned that we will be setting up a system that will keep us tied to the Legislature endlessly on every single issue.

I am not going to support the amendment as proposed by the hon. member.

**Mrs. Mather:** I'm unclear, too, about the amendment. I think it is to bring the decision to the next session of the Legislature and seek approval. Is that correct? I'm in favour of an amendment, but I have the same concerns that were mentioned previously, that then we're getting into the point of regulating and managing, which is not the role of the Legislature. I would prefer an amendment that requires that the decisions be brought forward to the Legislature for consideration and debate. Perhaps that might result in a change in legislation.

**The Chair:** Are there others?

**Mr. Backs:** I understand this to be a ratification motion.

**Dr. Pannu:** That's in some ways pre-empting whether that's what it will do. Certainly, if the Legislature has an opportunity to debate it, then it could either ratify it or turn it down. It's very presumptuous, I think, to imply in a motion that the Legislature would either ratify it or not.

**Mr. Backs:** But either ratify it or turn it down.

**Dr. Pannu:** For a decision. Yeah, that's right.

**Mr. Backs:** It's more or less a yea or nay and not to change what would necessarily be, although that is in the power of the Legislature, in any case, if the act is opened up.

**Dr. Pannu:** If this amendment were to become part of the bill in law, ultimately, I think the minister certainly would make changes and then bring the changes back to the Legislature and would seek ratification, which is the right thing to do, in my view, because the minister would be able to justify why those changes were made and ask the Legislature for their support for those changes. That would be ratification, I would think. This seems to be entirely reasonable.

Mr. Chairman, as to the concern about keeping the Legislature endlessly busy with the minutia, I think it seems to not be something that will happen, in fact. You know, Legislatures are sensitive to conducting public business in an expeditious and timely manner, but at the same time I think all of us as members of the Legislature sitting around this committee table, I presume, are concerned about the appropriate role that the Legislature should always be playing in matters that are of a legislative nature. Any changes in existing legislation are changes that the Legislature has already approved. So it's not too much to ask that any substantive changes to the existing legislation should be made by the Legislature, the author of the legislation in the first place.

**The Chair:** Are there others? Mr. Backs.

**Mr. Backs:** Yeah. I think it's important that the ratification of the Legislature be included in this. I support the motion in that self-governing professions are a very, very important part of our governance system in Alberta in that they recognize the knowledge, the learning, that these learned professions can and will make decisions according to themselves.

Sure, the minister may have to make a quick variance if something is wrong and if something is necessary and if something needs to be done quickly, you know, in a public health emergency or something like that. But we still must I believe recognize the importance of self-governing professions, and this can take away because it allows him to vary the college, its council, officers, or committees under the act. To allow for that to not be ratified, such a variance of a very, very important part of our governance system here in Alberta, without at least the ratification and debate in the Legislature I think is not wise. I would support this amendment.

**The Chair:** Okay. Are you ready for the question? Those in favour of the amendment?

**An Hon. Member:** We didn't get the amendment.

**The Chair:** Does anybody have it recorded?

**Mrs. Dacyshyn:** Not really.

**The Chair:** Did you want to repeat the amendment, Dr. Pannu?

**Dr. Pannu:** This is the third time around, Mr. Chairman. Every time you ask me to repeat it since I've written it, it might change. I'm fearful of that. I like consistency.

Mr. Chairman, the existing language of 135.3 empowers either the Lieutenant Governor in Council or the minister to make changes in the piece of legislation called the HPA, Health Professions Act, pertaining to a college, its council, officers, or committees by regulation. What my amendment is hoping to accomplish is to

make any changes to the provisions of the HPA made through regulation only provisional and those changes to be referred back to the Legislature in the session following the time when that change has been made for debate and ratification.

Is that clear?

1:05

**Rev. Abbott:** That has changed a little.

**Dr. Pannu:** Has it?

**Mr. Flaherty:** Mr. Chairman, I was under the impression in your first amendment – and maybe that's where I wasn't listening well – that it was to be at this session of the Legislature for debate and approval. That's what I thought you were saying with your proposed amendment. I didn't think it was changed, just that you're bringing it up now. It would be brought up in the fall session of the Legislature.

**Dr. Pannu:** The session following. A change may be made when we are out of session. A change may be made when we are sitting in the spring session. I'm saying that it be brought back to the next session of the Legislature, whenever that happens. I guess I should say the next session rather than the following session – right? – for the purposes of clarification.

**Mr. Flaherty:** Okay. The next session rather than the following session. That helps me.

**Dr. Pannu:** Wording it that way helps accommodate circumstances where the changes may be made, in fact, when we are not in session, right? So the next session.

**Mr. Backs:** It accommodates the powers undertaken in an emergency situation.

**Dr. Pannu:** Yeah. That's right. Is it clear now?

**The Chair:** A question on the clarity?  
Are you ready for the question?

**Mr. Flaherty:** Mr. Chair, could we ask the Legislative Counsel to comment on the amendment? Does it make procedural sense, and is it viable, I guess, is what I'm asking.

**Ms Dean:** I'm not aware of any precedents with respect to this recommendation. I could envision this being implemented in the way that a sunset clause works with respect to some regulations that are in place. For example, the minister's recommendation that certain provisions of the HPA not apply for a period of time would have a sunset provision in the sense that that provision would have to be ratified at the following sitting of the Assembly. That's my understanding of the intent here.

Now, the department may have concerns, and I would encourage members to question the department about concerns with respect to that kind of a recommendation, but I'll leave it at that.

**Dr. Pannu:** Mr. Chairman, I think Parliamentary Counsel is right. In effect, the intent of the motion is to put a sunset clause on the changes approved by the Legislature.

**Rev. Abbott:** I will beckon Parliamentary Counsel's call and ask the department what they think about this.

**Ms Perret:** Well, that type of sunset clause that's been described is something we're familiar with. It's certainly not part of the proposal as it stands, and I don't have instructions on it, but I think Shannon has done a good job of explaining how it might work.

**Mr. Backs:** Mr. Chair, if we are considering putting in other proposals – and I don't want to fill up the agenda of the Wednesday meeting all that much – I mean, considering that the department doesn't have this as part of their instructions, maybe they could bring that back with just a sense of taking a look at this for the next meeting. I'm not trying to obstruct, not in any way.

**The Chair:** The more we defer, the less the department will have to put in their report for proposal at the next meeting.

**Ms Dean:** Mr. Chair, I don't want to pre-empt anything that you might want to say to the committee, but I'm sure you'd like to remind the committee that we're operating under a bit of a deadline here in the sense that the mandate from the Assembly to this committee is that it report back by next Thursday, a week from Thursday.

**The Chair:** That's the point I was trying to make. The more we defer, the less time the staff have to prepare the decisions we have made for final approval at the next meeting. So it would mean another meeting, probably wedged somewhere in between next Wednesday and November 1. November 1 is coming pretty quickly, and the time frame for staff to react to our instructions is limited as well.

**Mr. Backs:** It's just that I see that this type of amendment creates all sorts of precedents for the regulation or greater control of other professions, such as law, the engineering profession, geologists, chemists, and others. It's a far-ranging move. It's not something that's very small. I think it should be subject to the ratification of the Legislature, but we haven't really, you know, looked at the technical things that may come from that.

**The Chair:** Yeah, but we're dealing with the Health Professions Act now. I can't predict how this may or may not be part of some other act sometime in the future that pertains to another profession.

Are you ready for the vote on the amendment? Those in favour of the motion as amended? Those opposed? That's lost.

**Dr. Pannu:** Mr. Chairman, could we vote once again? I didn't notice the way the vice-chair was voting.

**Mrs. Mather:** I was voting in support of the amendment.

**The Chair:** Okay. I thought you were voting the other way. Those in favour of the motion? That's one, two, three, four. Those opposed? The motion is lost.

**Ms Dean:** Mr. Chairman, I assume you're exercising your casting vote and that's why the motion is lost.

**The Chair:** Yes.

**Ms Dean:** Thank you.

**The Chair:** Are there any other motions coming forward at this time?

**Mr. Shariff:** You will need a vote to accept 135.3 as is, won't you?

**The Chair:** No. If it hasn't changed, it's the way it is.

**Mr. Shariff:** Okay. Sure.

**The Chair:** Shannon, did you want to proceed on 135.4?

**Ms Dean:** I'll just refer committee members to the focus issue document. Again, we're on page 6, and the next item in the document is section 135.4. This is the provision that deals with the Lieutenant Governor in Council having the power to make any regulation with respect to a college, whereby cabinet may make a bylaw that a council may make or may make a code of ethics or standards of practice or amendments. That's really all I have to offer at this time. I would perhaps call on Ms Perret to explain that in more detail.

**Ms Perret:** Section 135.4 is the companion piece to section 135.1. If the minister were to provide a direction to the colleges to put a certain standard in place, such as for infection prevention and control, and if a college didn't follow that direction, then what this provision provides is that the Lieutenant Governor in Council could go in and make that bylaw or put in place that standard of practice in a college that didn't adhere to the directive. So it's an enforcement arm of the directive power, if I can characterize it like that.

*1:15*

**The Chair:** Any other questions? Any changes proposed in this? Is everybody in favour of it as is?

**Dr. Pannu:** Mr. Chairman, I voted against 135.1, so I will have to vote against 135.4.

**The Chair:** Do you have any proposed changes?

**Dr. Pannu:** Thank you for the opportunity, but the only change that can be made is by asking that this be struck again, you know. We may as well go through the motions and do that.

**The Chair:** Okay. Are you moving that this be struck?

**Dr. Pannu:** Yes, that that be struck. That's right, yeah.

**Mr. Lougheed:** I was wondering: can counsel perhaps illuminate the ramifications of what happens if 135.1 is gone and 135.4 stays?

**The Chair:** Shannon, do you have any comments on that?

**Ms Dean:** I defer that to the ministry.

**The Chair:** Denise, do you have any comments on this?

**Ms Perret:** Well, they were intended to go hand in hand so that this provides more of a backup to the minister's direction power under 135.1. As the minister explained, it's contemplated that the direction power would be used only in certain cases where it was necessary, that it's not anticipated to be a broadly based authority, but it is the opportunity for the minister to provide assurance and act when it's in the public interest.

Section 135.4 is worded broadly enough that the Lieutenant Governor in Council could act on its own initiative; however, all I can explain is that it was intended, as I say, to be a companion piece.

You'll note in 135.1 that what was also anticipated there in subsection (2), I believe, is that the minister would consult with colleges. As he said to this committee when he was here, he didn't anticipate issuing directives or taking actions prior to any consultation, and that provision is in 135.1. Again, you don't see it in the 135.4 provision.

**The Chair:** Reverend Abbott.

**Rev. Abbott:** Thanks, Mr. Chair. Just a question, then, to you, Mr. Chair: we did keep 135.1, did we not? Yes. We kept that. We said that there could be some amendments to it, or what did we say?

**The Chair:** In 135.1 were recommended amendments to restrict the application.

**Rev. Abbott:** Okay. Then with regard to 135.4, Denise, is this not just, again, almost a check and a balance now on the minister by saying that he has to go to the whole cabinet in order to implement these powers?

**Ms Perret:** That's correct. The minister cannot do it on his own initiative.

**Rev. Abbott:** Right.

**Mrs. Mather:** Well, I think that when we get the clarity on 135.1, this 135.4 will make sense. I can see how they'd go hand in hand.

**The Chair:** Section 135.2 is the one that has been deferred, not 135.1. Section 135.1 is amended.

**Mrs. Mather:** For clarity, right?

**The Chair:** Yeah.

**Mr. Lougheed:** Section 135.1 is amended to limit to emerging professions.

**Mrs. Mather:** Yeah, it's something about the smaller professions and so on.

**The Chair:** Yeah, 135.2 has been deferred to be brought back on Wednesday.

**Mrs. Mather:** Okay. So we're finished on 135.1?

**The Chair:** Yeah.

**Mrs. Mather:** What did the amendment say, then?

**The Chair:** Did you have that copied down anywhere?

**Ms Dean:** My notes reflect what Mr. Lougheed just said into the record, that the intent of the amendment to section 135.1 is simply that the scope of its application be limited to the emerging professions.

**Mrs. Mather:** Okay.

**The Chair:** Okay. Dr. Pannu, do you have a question?

**Dr. Pannu:** Mr. Chairman, I appreciate the reminder that we had in fact amended 135.1 to limit its application to emerging professions,

right? In light of that, I think my blanket amendment that I just proposed by way of a motion that this be struck doesn't make sense, so I would not proceed with that motion.

**The Chair:** Withdraw the motion? You're withdrawing your motion?

**Dr. Pannu:** I am withdrawing the motion that's before you, but I'm not sure now whether we need another motion to repeat the language that was used to amend 135.1 over here as well or not. I'm seeking Parliamentary Counsel's advice on that one, if these provisions apply as well to the amended 135.1 rather than the original.

**Ms Dean:** Mr. Chairman, I believe it would be appropriate for the committee to consider a motion that would narrow the scope of section 135.4 to parallel your earlier recommendation. Not to get too technical but, again, to go back to the nature of the report that you're going to be giving to the Assembly, we're not dealing with technical amendments because this bill has just received first reading. It has not been approved in principle yet, so the mandate under the Standing Orders is just for you to provide general recommendations, not for you to provide detailed technical amendments, which is what the committee will be doing with respect to Bill 31. I don't have any concerns with respect to that type of motion that's being proposed by Dr. Pannu.

**The Chair:** We're not drafting the specific amendment. Through your motion we'd be recommending an amendment to be brought forward

restricting 135.4 to emerging professions, as we did with 135.1.

**Dr. Pannu:** Right.

**The Chair:** Is that your motion?

**Dr. Pannu:** Yeah. That's right. That it be consistent with the language of 135.1.

**The Chair:** Right. Okay. Any other discussion?

**Mr. Lougheed:** Subject to the decision of the Legislature with respect to 135.1, which may in fact not accept what the committee is going to end up bringing forward, it's maybe not too necessary to worry too much about the details of 135.4 right now.

At any rate, I won't support the motion.

**The Chair:** Okay. Any others?

Are you ready for the motion? Those in favour of the motion? Those opposed? That motion is lost as well because I am casting my deciding vote.

**Mr. Shariff:** Mr. Chairman, I don't know if this would be in order. Given the discussion we've had over the last three points, I'm wondering if there is any merit in revisiting 135.1. I am just looking at how we've arrived up to 135.4, if there is any merit or appetite to revisit 135.1; therefore, there is clarity as to where we move from here.

**Dr. Pannu:** Mr. Chairman, on a point of order here. The committee has made a decision. I respectfully suggest that the member had the opportunity but didn't. The committee has made a decision. Are we going to go back, you know, to refixing the decision by this committee?

The Legislature is the final authority. Those members of the committee who have concerns about whatever changes have been proposed and voted on will have a much fuller opportunity on the floor of the Legislature to speak to their concerns and have the matters overturned. Otherwise, it's just, really, the issue of a point of order: what do we do with this? If we make a decision, we make a decision.

**The Chair:** As was pointed out, the committee's task is to offer opinions, observations, and recommendations. The final authority is the Legislative Assembly, and the final debate is in the Legislative Assembly. Unless Parliamentary Counsel has some comments to offer, I would say that we should proceed with the rest of the thing. We visited it and . . .

**Mr. Shariff:** I was only asking for your opinion, sir.

**The Chair:** That would be my opinion. We had a motion on that. So we're finished with Bill 41 recommendations, and we move back to Bill 31.

1:25

**Dr. Pannu:** Mr. Chairman, I just seek your leave. I'll be back as soon as I can. I have a school picture to be taken.

**The Chair:** Okay.

In preparation for next week the committee may wish to direct Parliamentary Counsel and the committee research co-ordinator to work with department officials on the wording of the proposed recommendations for inclusion in the committee's final report to be considered at our October 31 meeting. Because Bill 41 was referred to this committee after first reading, the form of report will differ from the report on Bill 31 as it's more general in nature. Under Standing Order 74.2(1) the committee may report its observations, opinions, and recommendations with respect to this bill. We need someone to move that. Mrs. Mather, do you wish to make a motion?

**Mrs. Mather:** Well, I'll move that  
by Wednesday, October 31, the committee direct Parliamentary Counsel and the committee research co-ordinator to work with department officials on the wording of proposed recommendations on Bill 41 for consideration at the October 31 meeting.

**The Chair:** Any discussion on that motion?

**Rev. Abbott:** Did she say Bill 41 or 31?

**The Chair:** Bill 41 at our October 31 meeting.

**Rev. Abbott:** Okay; 41 on 31.

**The Chair:** Yeah, 41 on 31.

Those in favour of that motion? Opposed? That's carried.

Okay. I assume that the members won't have any problems with the draft report being provided to the department officials.

Bill 31. The committee received draft amendments on Bill 31 for our review last Friday. That's under tab 5 in your binders. Parliamentary Counsel will now lead us through a discussion on those amendments. Do you wish to proceed now, or do you wish to take a five-minute break?

[The committee adjourned from 1:28 p.m. to 1:36 p.m.]

**The Chair:** Okay. We'll resume on Bill 31. Parliamentary Counsel will now lead us through discussions on the amendments.

**Ms Dean:** Thank you, Mr. Chairman. Is it the pleasure of the committee that I go through all of the amendments at this point in time and then you'll proceed to go back and vote on them?

**The Chair:** Do we wish to deal with one at a time, individually, or all as a block?

**Rev. Abbott:** A point of clarification. I kind of thought that we already approved all of these, like one at a time, when we went through the three-column document last time. Is it necessary to go through and approve them all again? What is the purpose of walking through these, Mr. Chair?

**The Chair:** Well, they've already been voted on, so I think, if I may suggest, that Parliamentary Counsel could lead us through the whole thing. Then if there is something that is a concern on the wording or something that you had a question on, you can raise it at that point in time, and we can deal with it then.

**Rev. Abbott:** Sure.

**The Chair:** Okay. Is that agreed?

**Hon. Members:** Agreed.

**The Chair:** Okay.

**Ms Dean:** If I may, Mr. Chairman, just before I begin. This also affords an opportunity for the amendments to be clearly laid out in the transcript for the committee before the committee tables its report in the House next week, so that information is available to the public at this time.

Beginning with amendment A, this amendment outlines a definition of health professional for the purposes of the Mental Health Act, and this is necessary to give effect to the committee's recommendation that Bill 31 authorize other categories of health professionals in addition to psychiatrists and physicians to be involved in the issuance, renewal, amendment, and cancellation of community treatment orders.

Amendment B. This is one of the technical amendments proposed by the minister, which was approved by the committee on October 18. This provision clarifies that where a person who is subject to a CTO is apprehended and conveyed to a facility for an examination, the appropriate process for conveyance and examination after apprehension is that which is outlined in section 9.6(3).

Amendment C is a lengthy amendment. Part (a) replaces the existing wording for section 9.1(1) in the bill, which outlines the criteria for the issuance of a CTO. This amendment is lengthy as it extends to the top of page 3. It addresses the following recommendations of the committee. First, it allows for a broader category of health professional to be involved in the issuance of CTOs. The language now provides that two health professionals must be involved, and according to the definition section, health professional means those classes of health professionals set out in regulation or designated by a board, a regional health authority, or the minister.

Secondly, the proposed section 9.1(1)(b) responds to the committee's recommendation that the category of persons eligible for CTOs should be expanded beyond what was originally provided for in the bill, which was restricted to formal patients. As committee members may recall, formal patient means that the person is currently a patient in a designated facility under the Mental Health Act. Under the proposed amendment there are three categories of persons that would be eligible for a CTO.

The first category would be those who have been a formal patient or in an approved hospital or a custodial institution who satisfy the admission criteria for formal patients. The relevant time period that applies is the immediately preceding three-year period on two or more occasions or for a total of at least 30 days. This time period has been modified from the original bill and reflects the committee's recommendations approved on October 18.

The second category of persons who are eligible would be someone who has been subject to a CTO within the immediately preceding three-year period.

The third category of individual who would be eligible would be someone who in the opinion of two health professionals exhibits a pattern of recurrent and repetitive behaviour suggesting that he or she may be likely to cause harm to him- or herself or others or that the person will suffer substantial mental or physical impairment if he or she does not receive treatment and care while living in the community.

Another of the committee's recommendations is reflected in the proposed clause (f) on page 2, which narrows the original provision in the bill, which allowed for what we termed a consent override if the issuing physicians were of the opinion that there would be a likelihood of harm to others if the person did not receive treatment. This consent override has been restricted to those persons who are deemed to be incompetent.

Now, if I may refer members to page 3 of the amendments, the wording outlined in clauses (b) through (e) is consequential to the recommendation that allows for health professionals to be involved in the issuance, amendment, and renewal of CTOs.

Moving on to clause (f), this deals with the committee's recommendation that the bill include a requirement for interim steps to be taken prior to the issuance of an apprehension order where a person fails to comply with the terms of a community treatment order. In accordance with the committee's recommendation this resembles the wording used in Newfoundland as it requires that there be reasonable efforts made to inform the patient of his or her failure to comply, reasonable efforts also made to explain to the patient that failure to comply may lead to involuntary psychiatric assessment, and reasonable efforts made to provide assistance to the patient to comply with the CTO.

I would like to point out to the committee that the language used in the amendment before you differs slightly from the Newfoundland legislation, which uses the phrase "reasonable efforts," whereas here the amendment makes it clear that the onus is on the issuing health professional to be satisfied that reasonable efforts have been made to take those interim steps under the particular circumstances. This variation in wording was the department's preference to provide clarity on the matter of onus.

Clause (g), again on page 3, provides new wording for the proposed section 9.6(3), and it accomplishes two things. First, it includes a consequential amendment to change the reference to psychiatrist or physician to health professional. Secondly, this wording addresses a technical change recommended by the minister that provides clarity that this is the examination process that applies when a person who is subject to a CTO is apprehended.

**The Chair:** Mr. Shariff, you had a question.

**Mr. Shariff:** What does that mean?

**Ms Dean:** It was a very technical amendment that just wanted to make clear that it was the examination process in 9.6(3) that would have application to those who are apprehended or conveyed to an institution and are subject to a CTO as opposed to those persons who

are apprehended or conveyed to an institution and are seeking admission as a formal patient. Is that correct, if I may call upon the department?

**Ms Gray:** Mr. Chair, that is correct. There is a separate process for conveying a person to a facility, assessing them, and determining whether they're going to be subject to an admission certificate as an involuntary patient. The process for CTO persons is slightly different. This amendment was to ensure that if you're on a CTO and you're apprehended and brought in for reassessment, you are assessed in accordance with the CTO provisions rather than the admission provisions.

**The Chair:** If I may, Shannon. With the statement "conducted by 2 health professionals to determine," the assumption is that those two health professionals have the adequate training to do so, just to clarify that.

**Ms Dean:** Yes, Mr. Chairman. That's consistent with the committee's recommendation that the issue of qualification be dealt with through regulation.

**The Chair:** Yes. Okay.

1:45

**Ms Dean:** I believe I'm on amendment (h), top of page 4. This amendment, once again, is a consequential amendment to replace the reference to either physician or psychiatrist with health professional.

Amendment D. This is an amendment that was proposed by the minister and adopted by the committee. This makes the criteria for transferring a patient into Alberta consistent with the new admission criteria.

Amendment E is a technical amendment that corrects a typographical error in the bill. Again, this was proposed by the minister and accepted by the committee.

Amendment F. This addresses the committee's recommendation that the bill provide for an automatic review by a review panel after the first renewal of a CTO, which would occur after six months, and then every second renewal thereafter except where the person has made an application for a review within the preceding month.

**Mr. Shariff:** Is the person's competence affected therein, asking for the review?

**Ms Dean:** I would defer that question to the ministry.

**Ms Gray:** The provision allows for the person, the person's agent, the person's guardian, or another person on behalf of the person to make the application. It's very broad for formal patients, and that wording was tracked for CTO patients as well. So there's a broad range of people who can make the application on behalf of the person.

**Mr. Shariff:** Throughout this debate that we've had, there's always been this issue about competence. There is a provision in the bill which says that competent persons can commit themselves to a CTO. We were saying: well, if the person is competent, why does he even need a CTO? That's why I'm asking. Does the competence take effect there? So a person who is not competent can say: "I need a review. I need a review. I need a review." Would we be mandated to provide it again and again and again?

**Ms Gray:** Well, the review panel can refuse to hear an application

for a review if it's deemed to be frivolous, and it does happen from time to time. But there are notice provisions that also allow certain persons to receive notices of the CTO. If the person has a substitute decision-maker, the nearest relative would receive a copy. The person can designate someone to receive copies on their behalf. That person would receive a copy. Those people, guardians, would receive copies of the notices of the CTO, so they could act for the person if they were not competent.

**The Chair:** Okay. Please proceed, Shannon.

**Ms Dean:** I believe we're on amendment J on page 5. This is an amendment to section 49 of the act, which deals with ministerial powers. This addresses the committee recommendation discussed earlier that allows for other classes of health professionals besides psychiatrists and psychologists to be involved in the issuance of CTOs, and this will enable the minister to designate or identify the class of health professional that will have this authority.

Amendment K. There are a number of different sections to this part. These are all amendments to the regulation-making power provision in the act. Part (a), which is at the bottom of page 5 of your package, allows for regulations to be made in connection with examinations required for the issuance of CTOs or apprehension orders.

At the top of page 6 part (b) addresses the earlier recommendation regarding health professionals and allows for the Lieutenant Governor in Council to establish by regulation the qualifications required by health professionals in connection with the issuance, supervision, renewal, amendment, or cancellation of CTOs.

The amendment to clause (g) is again another consequential amendment.

Moving on to amendment L. This has two parts. The first part deals with the committee's recommendation that there be a review of the provisions in this bill within five years. I'd like to draw your attention to the fact that the clock starts to tick with respect to this five-year review upon the coming into force of the provisions in the bill dealing with the CTOs.

Finally, the last amendment is a consequential change to the Health Information Act to allow nearest relatives of persons subject to CTOs to access health information in order to carry out their duties and obligations under the Mental Health Act.

Those are my comments, Mr. Chairman.

**The Chair:** Thank you very much, Shannon.

**Mrs. Mather:** Thank you for all the good work that's been done with this. I appreciate it. I think it's consistent with what we had asked. I'm wondering: is the minister likely to come with further amendments, or is this fairly comprehensive of what we can expect?

**Ms Gray:** Mr. Chair, we do not know whether the minister will have further recommendations. There is still work going on by the internal steering committee on implementation. That work continues. Whether there will be further proposals, we just don't know yet.

**Mrs. Mather:** So at the time that we have this report ready, there may be other proposals or amendments that we're not aware of, but our report will be submitted, right?

**Ms Gray:** I believe that's a possibility.

**Mrs. Mather:** Okay.

**Mr. Backs:** Mr. Chair, I think that these six pages reflect the work of the committee to date, and I'm prepared to move that we accept these recommendations as the basis of the report.

**The Chair:** Okay. Thank you. You all heard the motion that Mr. Backs made, that we accept as presented. Is that correct? Any discussion?

Everyone must vote. Those in favour? Opposed? Carried unanimously.

In preparation for the next meeting does the committee have any direction for staff with respect to these decisions? The draft report will be circulated to members for review prior to the next meeting.

**Mr. Shariff:** I just have a point to make with regard to the drafting of the report. While the committee understands what we have approved and while the department fully understands this, I know that there is a desire in the public to try and understand what this is all about. I did hear your interview on QR 77 as well. I'm just wondering if there is a need to clarify as a preamble our use of the words "health professional" and what it means for this purpose only. Just so, you know, there's no misunderstanding of it.

**The Chair:** Holly, would you respond?

**Ms Gray:** Thank you, Mr. Chair. I was not at the last meeting, but my understanding from the *Hansard* was that the intention of the department is to look at this issue but that it may take some time in understanding what professionals might be engaged, qualification, billing issues that are consequential to those involving new professions in this process and that for the moment the intention is to maintain the status quo but to continue the work of looking at health professionals and the expansion to which health professionals might be appropriate.

**Mr. Shariff:** I understand that that's what we had discussed. I'm just saying that once this document goes into the public arena, you want to be clear that when we're talking about health care professionals, we have certain parameters that we have put around it and that it doesn't mean any health care professional can walk in. I'm just talking from a point of explaining it to the average public who has an interest in what we're trying to do.

**Ms Gray:** I guess the answer would be that it's going to be developed by regulation – so there will be regulations passed; they will be published; that will be available – and that the qualifications will be contained in the regulations. Does that answer your question?

**Mr. Shariff:** No, no. I know exactly. I'm just saying for public disclosure. When we submit the report, is there a need to put in that clarification?

**Ms Dean:** Perhaps the committee may wish to entertain some commentary on that point, and we can attempt to draft something for your review and approval at the next meeting.

**Mr. Shariff:** I would suggest that we do that. This is just for public consumption as to what it is that this committee is recommending.

**Ms Dean:** Certainly.

**The Chair:** Like something to the effect that it'll be health professionals that have had adequate training to qualify them to make these decisions, which will be specified in regulation.

**Mr. Shariff:** In regulation through a consultation process between the minister and the various professions.

**The Chair:** Right. Something to that effect.

**Ms Dean:** I would characterize that as rationale with respect to one of the key changes that the committee is coming forward with.

**Mr. Shariff:** Not a preamble but some kind of a covering page to it.  
1:55

**Ms Dean:** Or perhaps in an appendix?

**Mr. Shariff:** An appendix or whatever so that the average citizen out there doesn't think that the pharmacist is going to go around, you know . . .

**The Chair:** I think that's a good idea. It's also a clarification for all health professionals themselves on what the expectation of them is. Some might feel that they're going to be expected to make a determination and worry about their qualifications as well.

**Mr. Shariff:** Right. I don't know if you need a motion to that effect.

**The Chair:** Would it be generally agreed to by the committee that we make a defining commentary in the appendix?

**Dr. Pannu:** I think it would be useful, Mr. Chairman, to do that. Frankly, I'm pleased that the department is taking a very, very close look and scrutinizing very closely the whole notion of adding to the pool of people who have the authority to issue CTOs, who have a clear role in issuing those. I have had concerns and expressed those. I think it would be good to have an appendix, at least some information on what exactly we mean by that for the public record, for people to see.

**The Chair:** Okay. Anyone opposed to doing that? Seeing none, that's adequate direction for staff.

Did you have other comments, Dr. Pannu?

**Dr. Pannu:** One other appendix, Mr. Chairman, I think would be useful both for our colleagues in the Assembly and for Albertans in general. We had a very large number of people come before us on this issue, most of them clearly supporting the main thrust of the bill but some expressing serious concerns about it. In light of that, we had requested our research staff to provide us with some statistics concerning community treatment orders, particularly their effectiveness. That was I think called for because of the very strong endorsement of CTOs and their effectiveness by health experts such as Dr. White. That document was prepared I think on October 9, 2007. It's called Statistics Concerning Community Treatment Orders, Presented to the Standing Committee on Community Services, Edmonton Public Hearing, October 1, 2007.

Now, the review of the research seems to seriously question the effectiveness of the CTOs. So while we may proceed with the act, I think it's important to have this information available both when we make the final decision in the Legislature but also for Albertans, concerned citizens, to be able to have access to this analysis. I would request, Mr. Chairman, that we append this also to the report.

**The Chair:** Does the department have any comments on that? Shannon?

**Ms Dean:** Mr. Chairman, everyone is aware that we're in a new

process here. I'm just recalling the wording of the Standing Orders. With respect to reports on bills after second reading I think it's safe to say that the interpretation is that the scope of the report is fairly narrow. It's not in the same vein as a report of a select committee where they're looking at an entire act. Right now you're looking at a bill. Specifically, the Standing Orders provide for you to recommend that it proceed, proceed with amendments, or not proceed. Now, certainly the rationale for your recommendations, I think, is appropriate, but when we're looking at appending statistical information, which I think was originally intended as background briefing material only, I would just caution the committee with respect to that practice.

**The Chair:** I believe we also got conflicting advice on CTOs from different submitters as well, so we would probably have to include all the submissions or reports that were referred to in an appendix if we're going to start selecting some. I'm not sure that that would be appropriate either.

**Dr. Pannu:** Mr. Chairman, I certainly see what Parliamentary Counsel has to say about this, but this is really not something that was submitted by a presenter. It's a request that we made as a committee to look at reliable research information with respect to whether or not we have evidence that CTOs, in fact, work. If we decide not to include the appendix, I guess there are other ways in which we can certainly make sure that these documents are available in the Legislature records, but I thought it would be helpful for the debate that's coming up in the House to have these three pages available there along with the report just to make sure that the debate is well informed and more enriched by the research that we requested, not the research that was presented to us by others.

**The Chair:** Mr. Shariff on this.

**Mr. Shariff:** Mr. Chairman, I may have a suggestion, just to include Dr. Pannu's issue here, and that is that if a generic statement could be provided to members that should they require any background information or other reports that we may have at our disposal, then they can be accessed either through a certain person or through a certain website.

**Ms Dean:** May I make a suggestion, Mr. Chairman? On that point perhaps the committee may want to pass a motion today with respect to this particular document to have it appended to the minutes from today's meeting so that it would be publicly available.

**Dr. Pannu:** That would be fine. I'll so move, Mr. Chairman.

**The Chair:** Okay. Any debate on the motion?

**Ms Dean:** Dr. Pannu, if you could just read the name of the document into the record.

**Dr. Pannu:** It's Statistics Concerning Community Treatment Orders, Presented to the Standing Committee on Community Services, Edmonton Public Hearing, October 1, 2007, regarding Bill 31, Mental Health Amendment Act 2007. It was prepared by Dr. Philip Massolin, committee research co-ordinator, and it's dated October 9, 2007.

**The Chair:** Okay. Any other discussion? Those in favour of the motion? Opposed? That's carried.

A draft of the report will be circulated to members prior to the



next meeting for discussion, review, and approval. I assume that members won't have a problem with that draft report being provided to departmental officials either? Okay.

Is there any other business anyone wishes to raise at this point in time?

**Mr. Shariff:** The next meeting time, please.

**The Chair:** The next meeting is scheduled for Wednesday, October 31, from 1:30 to 4:30 p.m. Make sure everybody marks that down, and staff will make sure everyone is e-mailed or properly advised of it.

A motion to adjourn. Reverend Abbott. Those in favour? It's carried.

[The committee adjourned at 2:03 p.m.]

